NOTICE OF FORM CHA	ANGE NO. 04-085				DATE 03/05/2004
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907		
	~		District Attorney Other		
Listed below is information re	garding a form change. O	nly applica	able information is show	vn.	
This notice updates your Dep	artment of Social Services	s County F	orms Catalog.		
FORM NUMBER AND TITLE LIC 9119	(11/03) - Facility Visit Che	ecklist Gro	up Homes		
ORDER UNIT MASTER ONLY			PRICE		INITIAL SUPPLY SENT Yes No
☐ New ⊠ Revised	DATE OF FORM 11/03	REPLACES 12/99			Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	ted With P	rior DSS Approval	Rec	commended Form
UNLESS OTHERWISE SPECIFIED STOO Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse		Other:		
	FORMS DISPOSITI	ON AND S	SPECIAL INSTRUCTION	NS	
Use until exhausted		⊠ De	stroy		
use NEW FORM ☐ When supply available in DSS Warehouse		⊠Us	☐ Use new form effective 11/03		
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
Form is now a Master Only					
Attached is a Reproducible C	Сору				

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

FACILITY VISIT CHECKLIST GROUP HOMES

Review facility file prior to visit. Check to see that the following information has been updated, if required, and contained in the file. Indicate the date the information was submitted to the licensing agency in the space provided for each item requested.

LICENSE ANNIVERSARY DATE	SUBMITTED
License Fee Received	
Criminal Record Clearance and Child Abuse Index Checks (LIC 198) (updated for current staff subject to fingerprint requirements)	
Licensee Affidavit Regarding Persons Exempt From Fingerprint Requirements (if not on LIC 500)	
Administrative Organization (LIC 309)*	
Designation of Administrative Responsibility (LIC 308)*	
Personnel Report (LIC 500) Updated*	
Affidavit Regarding Client/Resident Cash Resources (LIC 400)*	
Surety Bond (LIC 402) - (if applicable)	
Facility Floor/Plot Plan (LIC 999)	
Fire Clearance (consistent with terms and limitations of license)	
Qualifications of Administrator/Social Worker/Facility Manager	
Articles of Incorporation, Constitution and Bylaws (if applicable)	
Partnership Agreement (if applicable)	
Control of Property	
Emergency Disaster Plan (LIC 610C)	
Plan of Operation	
Admission Policies and Procedures	
Health Screening Report - Facility Personnel (LIC 503)	
Rules of Discipline	
Bacteriological Analysis of Private Water Supply (if applicable)	
Current Consultant Contract	
Inservice Training Program	
Medication Procedures	
Transportation Procedures	
Exemptions, Waivers and Exceptions	
NOTES AND COMMENTS	